

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**
FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

1 0 - 2 4

2. STATE:

Michigan

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
HEALTH FINANCING ADMINISTRATION
DEPARTMENT OF HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
October 1, 2010

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN

☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN

☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:
42 CFR 440.225

7. FEDERAL BUDGET IMPACT:

a. FFY 11 \$ 16,233,400

b. FFY 12 \$ 15,405,500

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
Supplement to Attachment 3.1-A, pp 16-17, 21-21a, and 25

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

Supplement to Attachment 3.1-A, pp 16-17, 21, and 25

10. SUBJECT OF AMENDMENT:

Reinstatement of Optional Services (Adult Dental Benefit, Low Vision and Podiatry)

11. GOVERNOR'S REVIEW (Check One):

- ☐ GOVERNOR'S OFFICE REPORTED NO COMMENT
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED:
Stephen Fitton, Director
Medical Services Administration

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:
Stephen Fitton

14. TITLE:
Director, Medical Services Administration

15. DATE SUBMITTED:
December 16, 2010

16. RETURN TO:

Medical Services Administration
Actuarial Division
Capitol Commons Center - 7th Floor
400 South Pine Street
Lansing, Michigan 48933

Attn: Jacqueline Coleman

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

18. DATE APPROVED:

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPE NAME:

22. TITLE:

23. REMARKS:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of MICHIGAN

***Amount, Duration and Scope of Medical and Remedial Care
Services Provided to the Categorically and Medically Needy***

d. Eyeglasses

For beneficiaries under the EPSDT program, corrective lenses and/or frames are covered if determined to be medically necessary by a licensed optometrist or ophthalmologist.

Determination of medical necessity is based on specific diopter criteria and/or concurrent complicating medical conditions. Criteria for diopter change are defined for the State Agency by the Michigan Department of Public Health.

Within a year, and without prior authorization, the program will cover up to two pair of replacement eyeglasses or contact lenses when replacement is necessary due to lost, stolen, broken or outgrown frames and/or lenses.

Prior authorization is required for eyeglasses that exceed the replacement limits.

FOR BENEFICIARIES 21 YEARS OF AGE AND OLDER WITH LOW VISION PROBLEMS, LOW VISION DEVICES ARE COVERED.

TN NO.: 10-24

Approval Date: _____

Effective Date: 10/01/2010

Supersedes
TN No.: 09-15

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of Michigan

***Amount, Duration and Scope of Medical and Remedial Care
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5a. Physician Services (continued)

- g. Laboratory services performed in the physician's office are limited to those determined to be reasonable and appropriate for that site. Other laboratory services are covered upon determination by the department to be medically necessary for the setting and specific patient.
- h. Physical therapy services as defined in 1.a of this attachment.

5b. Medical and Surgical Services provided by a dentist

Services provided by a licensed oral surgeon are covered as follows:

- 1. for hospital inpatients under the conditions specified in item 1.c;
- 2. for treatment provided on a hospital outpatient basis or, in the office for treatment of conditions specified in item 1.c.1) a).

6. Medical Care Furnished by Practitioners within the Scope of their Practice as Defined by State Law

No payment will be made for services of staff in residence or medical staff functioning in an administrative capacity for a hospital or nursing care facility, including practitioner-owners. In relation to outpatient services, practitioner fees for covered services are payable only when such payment does not duplicate payment to the facility.

a. Podiatry Services:

~~Covered services, as limited by the department, are those provided to individuals under the EPSDT program.~~ INCLUDE THOSE FALLING WITHIN THE SCOPE OF PRACTICE UNDER STATE LAWS, AS LIMITED BY THE DEPARTMENT, NECESSARY TO DIAGNOSE AND/OR TREAT ILLNESS, INJURY, THE PREVENTION OF DISABILITY, OR SERVICES PROVIDED RECIPIENTS SUFFERING FROM SPECIFIC SYSTEMIC DISEASES FOR WHICH SELF-TREATMENT WOULD BE HAZARDOUS.

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6. Medical Care Furnished by Practitioners within the Scope of their Practice as Defined by State Law (continued)

b. Optometry Services:

- i) Covered services as limited by the department, are those provided to individuals under the EPSDT program.
- ii) Covered for beneficiaries 21 years of age and older are limited to those services relating to eye trauma and eye disease AND LOW VISION EVALUATIONS, SERVICES AND AIDS (WHICH MUST BE PRIOR AUTHORIZED).

c. Chiropractor Services:

Chiropractic services as limited by the department are those provided to individuals under the EPSDT program.

d. Other Practitioner Services:

~ Certified Nurse Anesthetists (CRNAs)

Services provided by registered nurses certified by the council on Certification of Nurse Anesthetists or re-certified by the Council on Re-certification of Nurse Anesthetists are covered. Services are limited to those provided on an inpatient or outpatient basis and reimbursement is directed through to the provider or the provider's employer.

~ Registered/Licensed Dental Hygienists

Services provided by registered dental hygienists (RDHs) are covered when those services are rendered on behalf of an organization, clinic or group practice. Covered services are limited to those allowed under the RDH's scope of practice as defined by State law.

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10. Dental Services

Services provided within the scope of his/her profession, as defined by State law by a licensed dentist, are

A. ~~covered for beneficiaries under the EPSDT program~~ COVERED FOR
BENEFICIARIES AGES 21 AND OLDER:

- ~~1. Examinations and preventive services in accordance with the State's periodicity schedule; therapeutic services as needed for pain relief, infections, restoration of teeth and maintenance of dental health.~~
- 2 1. Diagnostic and therapeutic services necessary to diagnose and treat conditions relating to a specific medical problem. Approval for these services will be given only when the physician and the dentist concur that the dental care is critical to the treatment of the medical problem for which the attending physician is treating the client.
- 3 2. Emergency treatment such as extraction of teeth or palliative treatment for relief of pain or acute infection.
3. EXAMINATIONS AND PREVENTIVE AND THERAPEUTIC SERVICES AS NEEDED FOR RELIEF OF PAIN AND INFECTIONS, RESTORATION OF TEETH AND MAINTENANCE OF DENTAL HEALTH.
4. Preparation for, adjustments to, and repair of necessary dentures as described in item 12.b. of this attachment.
- ~~5. Other medically necessary dental services.~~

B. ~~covered for eligible beneficiaries 21 years of age and older, but limited to emergency treatment such as extraction of teeth or palliative treatment for relief of pain or acute infection.~~

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10. Dental Services (CONTINUED)

Services provided within the scope of his/her profession, as defined by State law by a licensed dentist, are

AB.covered for beneficiaries under the EPSDT program:

1. Examinations and preventive services in accordance with the State's periodicity schedule; therapeutic services as needed for pain relief, infections, restoration of teeth and maintenance of dental health.
2. Diagnostic and therapeutic services necessary to diagnose and treat conditions relating to a specific medical problem. Approval for these services will be given only when the physician and the dentist concur that the dental care is critical to the treatment of the medical problem for which the attending physician is treating the client.
3. Emergency treatment such as extraction of teeth or palliative treatment for relief of pain or acute infection.
4. Preparation for, adjustments to, and repair of necessary dentures as described in item 12.b. of this attachment.
5. Other medically necessary dental services.

~~B. covered for eligible beneficiaries 21 years of age and older, but limited to emergency treatment such as extraction of teeth or palliative treatment for relief of pain or acute infection.~~

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